

| <b>HEALTHIER COMMUNITIES SELECT COMMITTEE</b> |  |          |                  |
|---|--|----------|------------------|
| <b>Report Title</b>                           | <b>Public Health Grant Reallocation 2015/16</b>                      |          |                  |
| <b>Key Decision</b>                           | Yes  | Item No. | 6                |
| <b>Ward</b>                                   | All  |          |                  |
| <b>Contributors</b>                           | Executive Director for Community Services, Director of Public Health |          |                  |
| <b>Class</b>                                  | Part 1   | Date:    | 9 September 2015 |

## **1. Purpose**

- 1.1 This report updates the Healthier Communities Select Committee on the allocation of Public Health Grant in 2015/16.

## **2. Recommendation/s**

- 2.1 The Committee is recommended to note the re-allocation of that part of the ring-fenced Public Health Grant released by disinvestments from the original programme.

## **3. Policy Context**

- 3.1 Under the Health and Social Care Act, the majority of public health responsibilities and functions transferred to the Council on 1 April 2013. This included all public health staff and all contracts for commissioned public health functions.
- 3.2 The Council has specific responsibilities, supported by its ring fenced public health grant (see next section), for commissioning public health services and initiatives. Some of these functions are mandatory and the Council is obliged to deliver the defined function, others are discretionary and the Council can determine the level of provision, guided by the Public Health Outcomes Framework, the local joint strategic needs assessment and the joint health and wellbeing strategy.
- 3.3 These responsibilities are

Mandatory commissioning responsibilities

- National Child Measurement Programme

- NHS Health Check assessments
- Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)

Locally determined commissioning responsibilities:

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (in longer term all public health services for children and young people)
- Interventions to tackle obesity such as community lifestyle and weight management services
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- Public mental health services
- Dental public health services
- Accident injury prevention
- Local initiatives on workplace health
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- Local authority role in dealing with health protection incidents, outbreaks and emergencies
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks

#### **4. Background**

- 4.1 At the start of 2015, Lewisham Council was faced with a savings requirement of £85m over the next 3 years. All areas of the Council's budget were considered, including those services managed directly by the Director of Public Health within Community Services. As part of this process use of the ring fenced Public Health Grant was reviewed to consider the extent to which it could be used to support Council services outside the core Public Health budget. Following a review of all transferred public health staff and all contracts for commissioned functions, potential disinvestments totalling £3.1 were identified..

- 4.2 The disinvestment proposals went through 3 public meetings: The Children & Young People's Select Committee, The Healthier Communities Select Committee, and the Public Accounts Committee and were also discussed at partnership meetings with the CCG and Lewisham and Greenwich Trust. They were approved by Mayor & Cabinet in February.
- 4.3 A further indicative target of £2m of reductions has been set for 2016-18. The Department of Health is also consulting on a reduction to an in-year reduction in public health funding to local authorities. An announcement on the level of reduction is not expected before November, leaving little time for in-year savings to be made. Based on the sum sought nationally, £200m, the pro rata saving for Lewisham would be £1.48m.
- 4.3 The public health budget is ring fenced in 2015/16. Where reductions have been identified in the current public health budget these will be used to support public health outcomes in other areas of the council. The guiding principle for the re-investment will be to support areas where reductions in council spend would have an adverse public health outcome.
- 4.4 In line with the Health and Social Care Act, the Council must use the public health grant:
- (i) To deliver its statutory duties to take such steps as it considers appropriate for improving the health of people in its area, and to plan for and respond to emergencies involving a risk to public health;
  - (ii) To deliver the key public health outcomes in the National Public Health Outcomes Framework.

## **5. Prioritisation Process**

- 5.1 In order to help the council to allocate available public health grant monies in 2015/16 and from 2016/17 onwards to continue to support delivery of public health outcomes that are currently delivered across all areas of the council, each Directorate was asked to identify those services within the directorate that have the largest impact on public health outcomes.
- 5.2 The list was then prioritised by the Director of Public Health and the Exec Director for Resources and Regeneration.. An analysis gave priority to service areas with the greatest public health impact
- 5.3 The resulting list is as follows, with individual values (in £000) and a running total showing the cumulative value of proposals

|                |   | <b>Total<br/>£000</b>         | <b>Cumulative<br/>Total<br/>£000</b> |
|----------------|---|-------------------------------|--------------------------------------|
| <b>Top 3</b>   | Leisure                                   | 400                           | 400                                  |
|                | Children's Centre                         | 550                           | 950                                  |
|                | Homelessness                              | 245                           | 1195                                 |
|                |   | (originally<br>45)            |                                      |
| <b>Next 3</b>  | VAWG                                      | 400                           | 1595                                 |
|                |   | (originally<br>600)           |                                      |
|                | Food & Safety                             | 187                           | 1782                                 |
|                | Environmental protection                  | 77                            | 1859                                 |
| <b>Next 3</b>  | CAMHS                                     | 313                           | 2172                                 |
|                | Benefits Advice                           | 200                           | 2372                                 |
|                | Adult Care: Prevent                       | 750                           | 3122                                 |
|                | Isolation                                 |                               |                                      |
| <b>Next 10</b> | Allotments                                | 70                            | 3192                                 |
|                | Active Outdoor<br>volunteering            | 95                            | 3287                                 |
|                | Outdoor gyms                              | 4                             | 3291                                 |
|                | Playgrounds                               | 48                            | 3339                                 |
|                | Sport pitches                             | 46                            | 3385                                 |
|                | Ball courts                               | 28                            | 3413                                 |
|                | Skate parks                               | 3                             | 3416                                 |
|                | Grants (communities that<br>care element) | 500                           | 3916                                 |
|                | Local support schemes                     | 300                           | 4216                                 |
|                |   | (move to top<br>of 'next 10') |                                      |

5.4 Savings in 2015/16 required substitution totalling £3.1m (£2.6m from the budgets managed directly by the Director of Public Health, £0.5m from budgets managed by the Head of Crime Reduction and SP). The first 9 schemes in the above list have therefore been substituted for the reductions. The remaining items ("next 10") will be substituted should further reductions be made to the overall PH programme.

## **Financial implications**

- 6.1 The report describes accounting arrangements for the Public Health Grant in 2015-16.
- 6.2 For 2015/16 reductions have been agreed against the core public health budgets and the Council needs to formally reallocate the grant to other areas of eligible spend. This paper describes the basis on which this allocation has been made.
- 6.3 In addition to those budgets formally described as “Public Health” the Council provides an extensive range of other services which contribute to public health outcomes and can be funded from the ring-fenced grant. In 2013/14 and 2014/15 there were small underspends against the core public health budget but total eligible spend across the Council was considerably in excess of the grant allocation.
- 6.4 If further reductions are necessary in public health budgets those areas where Public Health Grant has been applied will be part of the base from which the disinvestments are sought. A further reallocation will then be required.
- 6.5 The Public Health Grant is currently ring-fenced. At year end the Council is required to submit a letter of assurance confirming that the full grant allocation has been spent in accordance with grant conditions and to discharge public health functions. This has to be signed by the Chief Executive or the Section 151 Officer and by the Director of Public Health
- 6.6 There are no other specific financial implications to this report

## **7. Legal implications**

- 7.1 There are no specific legal implications arising from this report.

## **8. Crime and Disorder Implications**

- 8.1 There are no specific crime and disorder implications arising from this report.

## **9. Equalities Implications**

- 9.1 There are no specific equalities implications arising from this report however addressing health inequalities is a key element of the Lewisham Health and Wellbeing Strategy.

## **10. Environmental Implications**

10.1 There are no specific environmental implications arising from this report. .

## **11. Conclusion**

11.1 Resources to deliver public health outcomes are challenged. This is likely to have implications for the delivery of outcomes. This report describes the pragmatic approach that is being taken to minimising this impact.

If there are any queries on this report please contact **Dr Danny Ruta, Director of Public Health**, 020 8314 ext 49094.